

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Southern District of Mississippi

In re Natchez Regional Medical Center

Debtor(s)

Case No.

Chapter

9

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
NRMC/Benefit Mgmt Systems Inc P.O. Box 2058 Madison, MS 39130	NRMC/Benefit Mgmt Systems Inc P.O. Box 2058 Madison, MS 39130			527,558.18
Valley Service, Inc. P.O. Box 5454 Jackson, MS 39288	Valley Service, Inc. P.O. Box 5454 Jackson, MS 39288			446,333.92
MD Properties, LLC P.O. Box 1260 Ridgeland, MS 39158	MD Properties, LLC P.O. Box 1260 Ridgeland, MS 39158	Foundation AP		292,937.52
Medical Information Technology, Inc. P.O. Box 74569 Chicago, IL 60696	Medical Information Technology, Inc. P.O. Box 74569 Chicago, IL 60696			191,494.00
Cardinal Health Pharmaceutical P.O. Box 402586 Atlanta, GA 30384	Cardinal Health Pharmaceutical P.O. Box 402586 Atlanta, GA 30384			182,067.43
Hospital Solutions, Inc Suite 475 Houston, TX 77037	Hospital Solutions, Inc Suite 475 Houston, TX 77037			164,203.20
Therex, Inc. P.O. Box 502096 Saint Louis, MO 63150	Therex, Inc. P.O. Box 502096 Saint Louis, MO 63150			145,072.89
Alliance Healthcare Sv P. O. Box 96485 Chicago, IL 60693	Alliance Healthcare Sv P. O. Box 96485 Chicago, IL 60693			119,874.00
Cardinal Medical 14800 Frye Rd Fort Worth, TX 76155	Cardinal Medical 14800 Frye Rd Fort Worth, TX 76155			113,390.59
Compliant Healthcare Technologies 110 Tradition Trail Holly Springs, NC 27540	Compliant Healthcare Technologies 110 Tradition Trail Holly Springs, NC 27540			108,128.04
Medtronic USA Inc P.O. Box 409201 Atlanta, GA 30384	Medtronic USA Inc P.O. Box 409201 Atlanta, GA 30384			107,404.00

B4 (Official Form 4) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
United Blood SVC/ Blood Systems Lab P.O. Box 53022 Phoenix, AZ 85072	United Blood SVC/ Blood Systems Lab P.O. Box 53022 Phoenix, AZ 85072			106,145.00
Keystone Medical Svc of MS, Inc 6075 Poplar Ave,S-727 Memphis, TN 38119	Keystone Medical Svc of MS, Inc 6075 Poplar Ave,S-727 Memphis, TN 38119			106,108.75
Aramark Corp 12483 Collection Center Drive Chicago, IL 60693	Aramark Corp 12483 Collection Center Drive Chicago, IL 60693			100,697.86
Natchez Medical Found. 54 Seargent S Prentiss Dr Natchez, MS 39120	Natchez Medical Found. 54 Seargent S Prentiss Dr Natchez, MS 39120			83,332.97
Olympus Financial Svc P.O. Box 200183 Pittsburgh, PA 15251	Olympus Financial Svc P.O. Box 200183 Pittsburgh, PA 15251			80,990.23
De Lage Landen Fin Svc P.O. Box 41602 Philadelphia, PA 19101	De Lage Landen Fin Svc P.O. Box 41602 Philadelphia, PA 19101			79,049.25
GE Healthcare (SVC) P.O. Box 402076 Atlanta, GA 30384	GE Healthcare (SVC) P.O. Box 402076 Atlanta, GA 30384			78,317.39
Cornerstone Advisors Grp, LLC P.O. Box 569 Georgetown, CT 06829	Cornerstone Advisors Grp, LLC P.O. Box 569 Georgetown, CT 06829			68,692.99
SG-2, LLC 35347 Eagle Way Chicago, IL 60678	SG-2, LLC 35347 Eagle Way Chicago, IL 60678			66,950.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Hospital CEO of the County Hospital named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **March 26, 2014**Signature **/s/ Donny Rentfro**

**Donny Rentfro
Hospital CEO**

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court
Southern District of Mississippi

In re **Natchez Regional Medical Center**,
 Debtor

Case No. _____

Chapter **9**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	27,819,088.50		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		15,557,710.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		975,718.56	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	78		4,271,695.81	
G - Executory Contracts and Unexpired Leases	Yes	9			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		97			
Total Assets			27,819,088.50		
Total Liabilities				20,805,124.37	

United States Bankruptcy Court
Southern District of Mississippi

In re **Natchez Regional Medical Center**,
 Debtor

Case No. _____

Chapter **9**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total >	0.00	(Total of this page)
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Total >	0.00
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(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Petty Cash	-	1,400.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		General Fund-UMB	-	549,692.00
		Payroll Checking-UMB	-	4,892.00
		Volunteers-UMB	-	7,693.00
		Depository-UMB	-	127,754.00
		Certificates of Deposit-UMB	-	1,032,795.00
		Regions - Bond Debt Service Reserve Fund	-	1,219,067.58
		Regions - General Fund for Series 2006 Bonds	-	581,607.92
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
			Sub-Total >	3,524,901.50
			(Total of this page)	

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Natchez Medical Foundation (\$753,158.00)	-	0.00
		Natchez Healthcare Alliance, LLC	-	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Anticipated Receivable from DSH	-	1,904,191.00
		Acccounts Receivables as of 2/28/2014	-	4,957,200.00
		Accounts Receivables (Clinics)	-	988,131.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.		Hospital Building on County Land	-	10,704,442.00

Sub-Total > **18,553,964.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		CON for acute care hospital	-	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Equipment furnishings and machinery	-	4,923,891.00
30. Inventory.		Inventory	-	816,332.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Sub-Total > **5,740,223.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **27,819,088.50**

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Secured by 3rd party collateral					
MBIA c/o Robert Christmas 437 Madison Ave New York, NY 10022		-						
			Value \$ Unknown				Unknown	Unknown
Account No.			Additional Notice: MBIA				Notice Only	
MBIA c/o Craig Geno, Esq 587 Highland Col Pkwy Ridgeland, MS 39157								
			Value \$					
Account No.			Standby Letter of Credit-\$875,000.00					
MS Development Bank 735 Riverside Drive Suite 300 Jackson, MS 39202		X -	Gross Revenues \$39,778,789.00					
			Value \$ 40,653,789.00				14,530,000.00	0.00
Account No.								
Regions Bank Trustee c/o Wallace Duke 150 4th Ave N,9th Fl Nashville, TN 37219		-						
			Value \$ 0.00				0.00	0.00
Subtotal (Total of this page)							14,530,000.00	0.00

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Natchez Regional Medical Center,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Accounts Receivables, Chattel Paper and General Intangibles					
United Mississippi Bk P.O. Box 670 Natchez, MS 39121		-						
			Value \$ 3,300,107.00				1,027,710.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							1,027,710.00	0.00
Total (Report on Summary of Schedules)							15,557,710.00	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☒ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
NRMC/Benefit Mgmt Systems Inc P.O. Box 2058 Madison, MS 39130		-					527,558.18	527,558.18
								0.00
Account No.								
PERS of Mississippi 429 Mississippi St Jackson, MS 39201		-					448,160.38	448,160.38
								0.00
Account No.								
Account No.								
Account No.								
Subtotal								975,718.56
(Total of this page)							975,718.56	0.00
Total								975,718.56
(Report on Summary of Schedules)							975,718.56	0.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3M NBN2374 P.O. Box 844127 Dallas, TX 75284	-					52,283.16
Account No. A Stat Transcription Svc Inc 5967 Hensel Rd Port Orange, FL 32127	-					13,615.40
Account No. Abbott Lab Diagnostic Division P.O. Box 100997 Atlanta, GA 30834	-					10,135.67
Account No. Ability Network Inc Dept CH 16577 Palatine, IL 60055	-					877.00
Subtotal (Total of this page)						76,911.23

77 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
ACC Business P.O. Box 105306 Atlanta, GA 30348	-					1,499.41
Account No.						
Access Closure Inc 5452 Betsy Ross Dr Santa Clara, CA 95054	-					2,222.05
Account No.						
ADP Inc P.O. Box 842875 Boston, MA 02284	-					2,575.00
Account No.						
Advance Sterlization Products P.O. Box 406663 Atlanta, GA 30384	-					4,890.90
Account No.						
Advantage Medical Cable & Elec 10630 Wiles Rd Pompano Beach, FL 33076	-					429.88
Sheet no. <u>1</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,617.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Aesculap Inc P.O. Box 512451 Philadelphia, PA 19175	-					763.58
Account No.						
Air Filter Sales & Service 200 Harris St Jackson, MS 39202	-					5,323.98
Account No.						
Alere North America P.O. Box 846153 Boston, MA 02284	-					1,922.40
Account No.						
Alliance Healthcare Sv P. O. Box 96485 Chicago, IL 60693	-					119,874.00
Account No.						
Alliance Imaging, Inc. 100 Bayview Circle Suite 400 Newport Beach, CA 92660	-		X	X	X	Unknown
Sheet no. 2 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						127,883.96

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Ambu Inc P.O. Box 347818 Pittsburgh, PA 15251	-					1,037.01
Account No.						
American Fidelity Assurance P.O. Box 268805 Oklahoma City, OK 73126	-					1,058.54
Account No.						
AMR-Am Med Resp 158 John Pitchford Pwy Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
AMS (Solutions for Life) P.O. Box 7247-6586 Philadelphia, PA 19170	-					9,008.19
Account No.						
Jeffery Anderson, MD 300 Highland Blvd Suite C Natchez, MS 39122	-					2,000.00
Sheet no. <u>3</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						13,103.74

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Jeffrey Anderson, MD 300 Highland Blvd Suite C Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Angio Dynamics Inc. P.O. Box 1549 Albany, NY 12201	-					882.24
Account No.		Foundation AP				
Answer Med 400 Hart St Monroe, LA 71201	-					364.96
Account No.						
Applied Medical P.O. Box 3511 Carol Stream, IL 60132	-					480.00
Account No.						
Aramark Corp 12483 Collection Center Drive Chicago, IL 60693	-					100,697.86
Sheet no. <u>4</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						102,425.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Argos Records 997 N Beauchamp Ext Greenville, MS 38703	-					1,656.03
Account No.						
Arrow International P.O. Box 8500-S-9060 Philadelphia, PA 19178	-					439.19
Account No.						
Arthrex Inc P.O. Box 403511 Atlanta, GA 30384	-					2,764.42
Account No.						
Association Mgmt Resources 35204 Eagle Way Chicago, IL 60678	-					1,337.50
Account No.						
Automated Imaging Sys 105 Pine St Monroe, LA 71210	-					1,028.41
Sheet no. <u>5</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						7,225.55

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Avatar International 1000 Primera Blvd Ste 3144 Lake Mary, FL 32746	-		X	X	X	Unknown
Account No.						
Avaya Inc (M) P.O. Box 5125 Carol Stream, IL 60197	-					7,685.58
Account No.						
B Braum Medical Inc P.O. Box 512382 Philadelphia, PA 19175	-					3,352.26
Account No.						
Balch & Bingham Inc P.O. Box 306 Birmingham, AL 35201	-					18,926.10
Account No.						
Bard P.O. Box 75767 Charlotte, NC 28275	-					535.06
Sheet no. <u>6</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						30,499.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Bard Access System P.O. Box 75767 Charlotte, NC 28275	-					73.50
Account No.						
Bard Peripheral Vascular/IMPRA P.O. Box 75767 Charlotte, NC 28275	-					680.00
Account No.		Foundation AP				
Barfield Workplace Solution P.O. Box 649 Jackson, MS 39205	-					272.42
Account No.						
Baxter Bioscience/ Healthcare P.O. Box 730531 Dallas, TX 75373	-					1,128.51
Account No.						
Baxter Healthcare Corp/IV P.O. Box 730531 Dallas, TX 75373	-					1,653.25
Sheet no. <u>7</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,807.68

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
BCI-Business Comm 442 Highland Colony Ridgeland, MS 39157	-		X	X	X	Unknown
Account No.						
Beckman Coulter Dept CH 10164 Palatine, IL 60055	-					1,584.92
Account No.						
Becton Dickinson & Co P.O. Box 70942 Chicago, IL 60673	-					2,663.91
Account No.						
Ben Gilbert Inc P.O. Box 667 Summit, MS 39666	-					1,071.50
Account No.						
Best Life & Health Insurance P.O. Box 19721 Irvine, CA 92623	-					1,428.54
Sheet no. 8 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,748.87

Case No. _____

(Continuation Sheet)

Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Bracco Diagnostics P.O. Box 532411 Charlotte, NC 28290	-					1,543.31
Account No.						
Breg Inc P.O. Box 849991 Dallas, TX 75284	-					1,734.87
Account No.						
Briggs Corporation 7887 University Blvd Des Moines, IA 50306	-					210.45
Account No.						
Shields Brown 1 Bisland Rd Natchez, MS 39120	-					3,000.00
Account No.						
Camellia Hospice of Southwest Mississippi 620 Delaware Ave McComb, MS 39648	-		X	X	X	Unknown
Sheet no. <u>10</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,488.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Commerical Flooring 5001 Hwy 80 West Jackson, MS 39209	-					21,250.00
Account No.						
Compassionate Care 113 Jefferson Davis Blvd, Ste A Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Compliant Healthcare Technologies 110 Tradition Trail Holly Springs, NC 27540	-					108,128.04
Account No.						
Compression Therapy Concepts 555 Industrial Way W Eatontown, NJ 07724	-					1,040.00
Account No.						
Computer Credit 640 West 4th St Winston Salem, NC 27101	-		X	X	X	Unknown
Sheet no. <u>14</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						130,418.04

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Computer Credit Inc P.O. Box 890553 Charlotte, NC 28289	-					2,422.80
Account No.						
Conceptus Incorporated 331 East Evelyn Ave Mountain View, CA 94041	-					1,710.00
Account No.						
Conmed Linvatec Corp P.O. Box 301231 Dallas, TX 75303	-					636.83
Account No.						
Cook Medical Inc 22988 Network Place Chicago, IL 60673	-					1,483.96
Account No.						
William Cook, MD Highland Village I-55 North, Ste 207 Jackson, MS 39211	-		X	X	X	Unknown
Sheet no. <u>15</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,253.59

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Foundation AP				
Cooper Surgical 75 Corporate Dr Trumbull, CT 06611	-					3,623.76
Account No.						
Cooper Surgical P.O. Box 712280 Cincinnati, OH 45271	-					3,067.90
Account No.						
Cornerstone Advisors Grp, LLC P.O. Box 569 Georgetown, CT 06829	-					68,692.99
Account No.						
Covidien/US Surgical Department 00 10318 Palatine, IL 60055	-					3,672.00
Account No.						
CRAssociates 8580 Cinderbed Rd Ste 2400 Newington, VA 22122	-		X	X	X	Unknown
Sheet no. 16 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						79,056.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Tyer Crisp, D.O. 401 Shoreside Dr. Lexington, KY 40515	-		X	X	X	Unknown
Account No.						
Crown Health & Rehab of Natchez, LLC 344 Arlington Ave Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Datex Ohmeda P.O. Box 641936 Pittsburgh, PA 15264	-					42,560.23
Account No.						
Datex-Ohmeda 3030 Ohmeda Dr Madison, WI 53718	-					59,180.90
Account No.						
DCR 942 Woodland St Nashville, TN 37206	-					2,146.00
Sheet no. <u>17</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						103,887.13

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
De Lage Landen Fin Svc P.O. Box 41602 Philadelphia, PA 19101	-					79,049.25
Account No.						
Deaconess Home Health 108 Lundy Lane Hattiesburg, MS 39401	-		X	X	X	Unknown
Account No.						
Deroyal Industries P.O. Box 1015 Powell, TN 37849	-					518.88
Account No.						
Dianne's Frame Shop 243 John R. Junkin Dr Natchez, MS 39120	-					425.00
Account No.						
Doctors First P.O. Box 347439 Pittsburgh, PA 15251	-		X	X	X	Unknown
Sheet no. <u>18</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						79,993.13

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Doctors Hospital of Augusta 3675 J Dewey Gray Cir Augusta, GA 30909	-		X	X	X	Unknown
Account No.						
Dorfman Pacific 2615 Boeing Way Stockton, CA 95206	-					144.00
Account No.						
Vikram Dulam, MD 140 Jefferson Davis Blvd Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Vikram Dulam, MD 140 Jefferson Davis Blvd Natchez, MS 39120	-					11,830.24
Account No.						
Jack Dunn, MD 404 North 21st Ave Hattiesburg, MS 39401	-		X	X	X	Unknown
Sheet no. <u>19</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,974.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Foundation AP				
E-Clinical Works P.O. Box 847950 Boston, MA 02284	-					10,470.17
Account No.						
Ecolab Inc P.O. Box 905327 Charlotte, NC 28290	-					596.43
Account No.						
Ecolab Pest Elim Div 26252 Network Pl Sarasota, FL 34238	-					3,692.00
Account No.		Agreement 11/1/12-11/1/2017				
Joseph Edison, MD 207 Fox Cross Road Spartanburg, SC 29301	-		X	X	X	Unknown
Account No.						
Emdeon P.O. Box 572490 Murray, UT 84157	-					17,359.27
Sheet no. 20 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						32,117.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Endofilter Inc. P.O. Box 390066 Edina, MN 55439	-					460.87
Account No.						
Estate of Alena Myers c/o Bruce Kuehnle, Esq P.O. Box 866 Natchez, MS 39121	-		X	X	X	Unknown
Account No.						
EV3 Inc 4600 Nathan Lane N Plymouth, MN 55442	-					3,195.00
Account No.						
Excelsior Medical P.O. Box 824389 Philadelphia, PA 19182	-					3,124.50
Account No.						
Erica Farmer 114 Melanie Lane Brookhaven, MS 39601	-					990.00
Sheet no. 21 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						7,770.37

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Field Memorial Transfer Agreement P.O. Box 639 Centreville, MS 39631	-		X	X	X	Unknown
Account No.						
First Insurance Fundin Corp P.O. Box 66468 Chicago, IL 60666	-					19,173.65
Account No.						
First Natchez Radio Group/WQNZ P.O. Box 768 Natchez, MS 39121	-					14,510.00
Account No.						
Fisher Healthcare P.O. Box 404705 Atlanta, GA 30384	-					1,105.72
Account No.						
Geoffrey Flattmann,MD 142 Jeff Davis Blvd Suite A Natchez, MS 39120	-					3,580.00
Sheet no. 22 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						38,369.37

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Follett Corp P.O. Box 8500 Philadelphia, PA 19178	-					2,708.73
Account No.						
Josh Foster, CRNA 500 Avalon Way, 1214 Brandon, MS 39047	-		X	X	X	Unknown
Account No.						
Fresenius Medical Care RCG 550 Metroplex Dr Nashville, TN 37241	-		X	X	X	Unknown
Account No.						
Fresenius Medical Care 1st Amendment 550 Metroplex Dr Nashville, TN 37241	-		X	X	X	Unknown
Account No.						
G4 Health Systems 7380 S Olympia Ave Tulsa, OK 74132	-					3,130.96
Sheet no. 23 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,839.69

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Foundation AP				
Gateway EDI Dept Ch 16897 Palatine, IL 60055	-					1,617.42
Account No.						
GE Capital P.O. Box 740441 Atlanta, GA 30374	-					531.00
Account No.						
GE Healthcare 15724 Collections Ctr Chicago, IL 60693	-					9,336.71
Account No.		Foundation AP				
GE Healthcare P.O. Box 402076 Atlanta, GA 30384	-					1,985.64
Account No.						
GE Healthcare (SVC) P.O. Box 402076 Atlanta, GA 30384	-					78,317.39
Sheet no. 24 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						91,788.16
Subtotal (Total of this page)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. GE Healthcare Fin Svc P.O. Box 641419 Pittsburgh, PA 15264	-					1,294.76
Account No. General Biomedical Svc 16900 25th St Kenner, LA 70062	-					1,100.00
Account No. General Electric 20225 Water Tower Blvd Brookfield, WI 53045	-		X	X	X	Unknown
Account No. General Electric c/o Lisa M Peters, Esq 1650 Farnam St Omaha, NE 68102		Additional Notice: General Electric				Notice Only
Account No. Genzyme Biosurgery P.O. Box 223122 Pittsburgh, PA 15251	-	Foundation AP				28,005.00
Sheet no. 25 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 30,399.76

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Glaxo Smith Kine Pharmaceuticals P.O. Box 740415 Atlanta, GA 30374	-					5,824.68
Account No.		Foundation AP				
GO Partners Health Care Solutions 2401 East McCarty St Jefferson City, MO 65101	-					1,350.40
Account No.						
Grainger Inc P.O. Box 419267 Kansas City, MO 64141	-					483.46
Account No.						
Susan Granning, MD 105 St. S Prentiss Dr Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Genna Guedon 2394 Guedon Rd Natchez, MS 39120	-		X	X	X	Unknown
Sheet no. 26 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						7,658.54

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Hologic Limited Partnership 250 Campus Dr Marlborough, MA 01752	-					6,691.66
Account No.						
Hospital Solutions, Inc Suite 475 Houston, TX 77037	-					164,203.20
Account No.						
Karl Hubbard, MD 125 Lower Woodville Rd Apt F142 Natchez, MS 39120	-		X	X	X	Unknown
Account No.		Foundation AP				
Karl Hubbard, MD 2085 Rivershore Rd Elizabeth City, NC 27909	-					1,537.97
Account No.		Foundation AP				
Hubcare Pathology 5052 Lakeland Dr Suite 61 Jackson, MS 39216	-					54,166.67
Sheet no. 28 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						226,599.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Hubcare Pathology, PA 5052 W. Fourth St Hattiesburg, MS 39402	-					42,965.78
Account No.						
Hubcare Pathology, PA 5052 W. Fourth St Hattiesburg, MS 39402	-		X	X	X	Unknown
Account No.						
Hubcare Pathology, PA 5052 W. Fourth St Hattiesburg, MS 39402	-		X	X	X	Unknown
Account No.						
Human Resources Simp 8499 Tamiami Trail #268 Sarasota, FL 34238	-					2,000.00
Account No.						
Immucor Inc P.O. Box 102118 Atlanta, GA 30368	-					270.71
Sheet no. 29 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						45,236.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
International Medical Assoc of Ntz PA 46 Sgt S Prentiss Dr Natchez, MS 39120	-					375.00
Account No.						
Intuitive Surgical Inc P.O. Box 39000 San Francisco, CA 94139	-					66,553.48
Account No.						
Intuitive-daVinci/ DeLage Landen 1111 Old Eagle School Wayne, PA 19087	-		X	X	X	Unknown
Account No.						
IQH 385 B Highland Colony Pkwy, Suite 504 Ridgeland, MS 39157	-		X	X	X	Unknown
Account No.		Foundation AP				
Jackson Heart Clinic 970 Lakeland Dr Suite 61 Jackson, MS 39216	-					54,166.67
Sheet no. <u>31</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						121,095.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. KCI USA P.O. Box 203086 Houston, TX 77216	-					1,803.48
Account No. Kenidi Peyton Flowers c/o William Fulgham 188 E Capitol St,S777 Jackson, MS 39201	-		X	X	X	Unknown
Account No. Key Surgical 8101 Wallace Rd Eden Prairie, MN 55344	-					443.00
Account No. Keystone Medical Svc of MS, Inc 6075 Poplar Ave,S-727 Memphis, TN 38119	-					106,108.75
Account No. Keystone Medical Svc c/o James O'Mara, Esq P.O. Box 16114 Jackson, MS 39236		Additional Notice: Keystone Medical Svc				Notice Only
Sheet no. 33 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 108,355.23

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Keystone Medical Svc of MS, Inc 6075 Poplar Ave,S-727 Memphis, TN 38119	-		X	X	X	Unknown
Account No.						
Kimbrell Office Supply P.O. Box 649 Jackson, MS 39205	-					5,187.60
Account No.						
KLS Physics Grp LLC 124 Killgore Rd Ruston, LA 71270	-					3,300.00
Account No.						
Knee Creations 900 Airport Rd Suite 3B West Chester, PA 19380	-					25,444.05
Account No.						
Margaret Knight c/o Rayford Chambers P.O. Box 12393 Jackson, MS 39236	-		X	X	X	Unknown
Sheet no. 34 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						33,931.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Kossen Equip Inc/Taylo P.O. Box 29 Louisville, MS 39339	-					2,675.00
Account No.		Foundation AP				
Hendrick Kuiper MD 305 High St Natchez, MS 39120	-					697.38
Account No.						
Hendrik Klaus Kuiper, MD 305 High Street Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
LabCorp P.O. Box 12140 Burlington, NC 27216	-		X	X	X	Unknown
Account No.						
Laboratory Corp of America Holdings P.O. Box 12140 Burlington, NC 27216	-		X	X	X	Unknown
Sheet no. <u>35</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,372.38

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Laboratory Corp of America Holdings P.O. Box 12140 Burlington, NC 27216	-					2,434.66
Account No.						
Laboratory for Stone Research P.O. Box 129 Newton, MA 02468	-					1,149.69
Account No.						
Labsco 250 Ottawa Ave Louisville, KY 40209	-					2,203.30
Account No.						
LCR Corporation 107 Passbach Natchez, MS 39120	-					250.10
Account No.						
Lefoldt & Associate 119 Glenwood BND Madison, MS 39110	-		X	X	X	Unknown
Sheet no. 36 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,037.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Magnolia Service Group 39059 Hwy 621 Suite F Gonzales, LA 70737	-		X	X	X	Unknown
Account No.						
Magnolia Service Group 39059 Hwy 621 Ste F Gonzales, LA 70737	-		X	X	X	Unknown
Account No.						
Magnolia Svc Grp P.O. Box 535 Prairieville, LA 70769	-					18,335.10
Account No.		Foundation AP				
Magnolia Svc Grp P.O. Box 535 Prairieville, LA 70769	-					56,425.99
Account No.						
Mammography Report Sys 19000 33rd Ave W Suite 130 Lynnwood, WA 98036	-					2,955.00
Sheet no. <u>38</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						77,716.09

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Marlow Floral Products 119-121 W Main Marlow, OK 73055	-					211.36
Account No.						
Christopher Martin 810 Joseph St New Orleans, LA 70115	-		X	X	X	Unknown
Account No.						
Tim & Kristie Martin c/o Jennifer Wilkinson P.O. Box 15039 Hattiesburg, MS 39404	-		X	X	X	Unknown
Account No.						
Masimo Americas Inc P.O. Box 51210 Los Angeles, CA 90051	-					1,879.59
Account No.						
Daniel McCallum, MD 200 Dana Rd Natchez, MS 39120	-		X	X	X	Unknown
Sheet no. 39 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,090.95

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Jerry McDaniel, CRNA 1646 Centreville Rd Centreville, MS 39631	-		X	X	X	Unknown
Account No.						
MD Mitchell-Day Law 618 Crescent Blvd Suite 203 Ridgeland, MS 39157	-					14,652.50
Account No.		Foundation AP				
MD Properties, LLC P.O. Box 1260 Ridgeland, MS 39158	-					292,937.52
Account No.						
MD Properties, LLC 613 Crescent Cir, S200 Ridgeland, MS 39157	-		X	X	X	Unknown
Account No.						
MD Properties, LIC/ CP1 613 Crescent Cir,S-200 Ridgeland, MS 39157	-		X	X	X	Unknown
Sheet no. 40 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						307,590.02

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
Mectra Labs P.O. Box 350 Bloomfield, IN 47424	-							996.54
Account No.								
Med One Capital Fund P.O. Box 271128 Salt Lake City, UT 84127	-							20,292.66
Account No.								
Med Service & Repair 1234 Allanson Rd Mundelein, IL 60060	-							768.31
Account No.								
Med-Pat Inc 31 Riordan Place Shrewsbury, NJ 07702	-							426.14
Account No.								
Medartis 127 W Street Rd Kennett Square, PA 19348	-							5,313.60
Sheet no. 41 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)			27,797.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Medassets, Inc. P.O. Box 405652 Atlanta, GA 30384	-					14,824.60
Account No.						
Medical Information Technology, Inc. P.O. Box 74569 Chicago, IL 60696	-					191,494.00
Account No.						
Medline Industries Inc P.O. Box 121080 Dallas, TX 75312	-					13,113.12
Account No.						
Medrad Incorporated P.O. Box 360172 Pittsburgh, PA 15251	-					1,323.60
Account No.						
Medservice Repair Inc 1234 Allanson Rd Mundelein, IL 60060	-					220.71
Sheet no. 42 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						220,976.03
Subtotal (Total of this page)						220,976.03

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Mitzi Ferguson, MD and Rebecca Junkin P.O. Box 1411 Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
MORA 4400 Lakeland Dr Flowood, MS 39232	-		X	X	X	Unknown
Account No.						
MRI of Miss Lou 3114 Lake St Lake Charles, LA 70601	-		X	X	X	Unknown
Account No.						
Ms Dept of Health/ Newborn S P P.O. Box 1700 Jackson, MS 39215	-					10,900.00
Account No.						
MS Hospital Assoc P.O. Box 1996 Madison, MS 39130	-					20,774.00
Sheet no. 44 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						31,674.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
MSDH Breast & Cervical Cancer Program P.O. Box 1700 Jackson, MS 39215	-		X	X	X	Unknown
Account No.						
MSDOH Breast & Cervical Cancer P.O. Box 1700 Jackson, MS 39215	-		X	X	X	Unknown
Account No.						
MSDS Source LLC 50 Centre St Concord, NH 03301	-					399.00
Account No.						
MSL Healthcare Consulting, Inc 229 Whitney Dr Barrington, IL 60010	-		X	X	X	Unknown
Account No.						
Murray Printing 154 East Franklin St Natchez, MS 39120	-					85.00
Sheet no. 45 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						484.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Mykees Norris c/o Eric Dillon, Esq 140 Township Ave,S-222 Ridgeland, MS 39157	-		X	X	X	Unknown
Account No.						
Natchez Community Hosp 129 Jefferson Davis Blvd Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Natchez Democrat P.O. Box 1447 Natchez, MS 39121	-					340.73
Account No.						
Natchez Lawn and Landscape P.O. Box 18051 Natchez, MS 39120	-					5,460.00
Account No.						
Natchez Medical Found. 54 Seargent S Prentiss Dr Natchez, MS 39120	-					83,332.97
Sheet no. 46 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						89,133.70

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Natchez Mini Storage 293 Highland Blvd Natchez, MS 39120	-					516.00
Account No.		Foundation AP				
Natchez Pathology 5 Stahlman Natchez, MS 39120	-					5,389.00
Account No.						
Natchez Pathology Lab 5 Stahlman St Natchez, MS 39120	-					886.80
Account No.						
National Jewelry Co P.O. Box 1248 Ruston, LA 71273	-					1,265.45
Account No.						
National Payment Ctr P.O. Box 105081 Atlanta, GA 30348	-					1,129.34
Sheet no. 47 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,186.59

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Owens & Minor P.O. Box 841420 Dallas, TX 75284	-					1,423.58
Account No.						
P.V.C. P.O. Box 766 Vidalia, LA 71373	-					400.00
Account No.						
J C Passman, MD 46 Sgt Prentiss Dr Suite 103 Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Arthur Person, CRNA 153 Dunbar Rd Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Pharmcy One Source 3535 Factoria Blvd SE Bellevue, WA 98005	-		X	X	X	Unknown
Sheet no. <u>51</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,823.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Philips Medical Capital LLC P.O. Box 92449 Cleveland, OH 44193	-					24,886.21
Account No.						
Philips Medical System P.O. Box 100355 Atlanta, GA 30384	-					13,474.78
Account No.						
Physician Sales & Svc 6000 Feldwood Rd College Park, GA 30349	-					1,639.35
Account No.						
Pileum Corporation P.O. Box 24023 Dept 03-017 Jackson, MS 39225	-					9,340.50
Account No.						
Pitney Bowes Purchase Power P.O. Box 371874 Pittsburgh, PA 15250	-					9,765.14
Sheet no. <u>52</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						59,105.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Calvin Poole, MD 6606 W Homochitto Rd Gloster, MS 39638	-		X	X	X	Unknown
Account No.						
Positive Promotions 15 Gilpin Ave Hauppauge, NY 11788	-					228.16
Account No.						
Praxair Dept CH 100660 Palatine, IL 60005	-					8,013.69
Account No.						
Precision Dynamics 4193 Solutions Ctr Chicago, IL 60677	-					3,687.63
Account No.						
Precision Radiology of Louisiana, LLC 201 W Vermillion,S200 Lafayette, LA 70501	-		X	X	X	Unknown
Sheet no. 53 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,929.48

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Precision Radiology Mgmt of LA, LLC 201 W Vermilion, S200 Lafayette, LA 70501	-					39,140.00
Account No.						
Precision Surgical P.O. Box 1000 Memphis, TN 38148	-					255.00
Account No.						
Premium Financing Specialist Inc P.O. Box 13454 Newark, NJ 07188	-					Unknown
Account No.						
Prime Care Nursing P.O. Box 852 Greenville, MS 38702	-		X	X	X	Unknown
Account No.		Foundation AP				
Pro Tel Inc P.O. Box 54323 Pearl, MS 39288	-					1,241.33
Sheet no. 54 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						40,636.33
Subtotal (Total of this page)						40,636.33

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Progressive Medical Inc P.O. Box 771410 Saint Louis, MO 63177	-					1,194.40
Account No.						
Promise Hospital 209 Front St Vidalia, LA 71373	-		X	X	X	Unknown
Account No.						
Promise Lease Agmt 209 Front St Vidalia, LA 71373	-		X	X	X	Unknown
Account No.						
Promise Transfer Agmt 209 Front St Vidalia, LA 71373	-		X	X	X	Unknown
Account No.						
Thomas Purvis, MD 1066 Hwy 61 S Natchez, MS 39120	-	Foundation AP				412.59
Sheet no. 55 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,606.99

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Puzzled 5310 Derry Ave Suite J Agoura Hills, CA 91301	-					266.17
Account No.						
Qualified Plan Consultants, Inc P.O. Box 1167 Great Bend, KS 67530	-					1,300.00
Account No.						
Quality Compressed Air Svc, Inc P.O. Box 1837 Brandon, MS 39043	-					1,105.00
Account No.						
R&D Batteries Inc P.O. Box 5007 Burnsville, MN 55337	-					298.00
Account No.						
R.L. Blanton Constr P.O. Box 316 Washington, MS 39120	-					8,444.00
Sheet no. 56 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						11,413.17

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
RCG Mississippi, Inc 550 Metroplex Dr Nashville, TN 37241	-		X	X	X	Unknown
Account No.						
RCG-Natchez Acute P.O. Box 41500 MSC 30545 Nashville, TN 37241	-					50,766.46
Account No.						
Rehab Care f/d/b/a TherEX, Inc 341 Cool Springs Blvd Franklin, TN 37067	-		X	X	X	Unknown
Account No.						
Remel Inc Box 96299 Chicago, IL 60693	-					3,243.34
Account No.						
Donald R Rentfro 100 North Temple Natchez, MS 39120	-		X	X	X	Unknown
Sheet no. 57 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						54,009.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Restated 6075 Poplar Ave S 727 Memphis, TN 38119	-		X	X	X	Unknown
Account No.						
Riverview Anesthesia PLLC 121 Kaiser Lake Rd Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
RNA Medical 7 Jackson Rd Devens, MA 01434	-					317.00
Account No.						
Roche Diagnostics Corp P.O. Box 660367 Dallas, TX 75266	-					1,634.06
Account No.						
Alfredo Rodriguez 3351 Lakeland Dr #B Suite 1040 Flowood, MS 39232	-		X	X	X	Unknown
Sheet no. 58 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,951.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
RUHOF Corp 393 Sagamore Ave Mineola, NY 11501	-					540.79
Account No.		Foundation AP				
Sallie Mae P.O. Box 9500 Wilkes Barre, PA 18773	-					8,750.00
Account No.		Additional Notice: Sallie Mae				Notice Only
Sallie Mae c/o Pshon Barrett 501 E Court St S4.430 Jackson, MS 39201						
Account No.						
Sammons Preston Inc 1000 Remington Blvd Suite 210 Bolingbrook, IL 60440	-					1,348.75
Account No.						
Sanofi Pasteur 12458 Collections Ctr Chicago, IL 60693	-					1,104.70
Sheet no. 59 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,744.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Scanlan International One Scanlan Plaza Saint Paul, MN 55107	-					180.63
Account No.						
Schindler Elevator Cor P. O. Box 93050 Chicago, IL 60673	-					3,482.19
Account No.						
Service Plus Communication P.O. Box 420 Clinton, MS 39060	-					975.00
Account No.						
SG-2 5250 Old Orchard Rd Skokie, IL 60077	-		X	X	X	Unknown
Account No.						
SG-2, LLC 35347 Eagle Way Chicago, IL 60678	-					66,950.00
Sheet no. <u>60</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						71,587.82

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Siemens Fin Svc Inc P.O. Box 2083 Carol Stream, IL 60132	-					12,735.95
Account No.						
Simplex Grinnell Dept CH 10320 Palatine, IL 60055	-					3,446.25
Account No.						
SimplexGrinnell 181 Davis Johnson Dr Ste C Richland, MS 39218	-		X	X	X	Unknown
Account No.						
Solar Supply Inc 261 Liberty Rd Natchez, MS 39120	-					740.00
Account No.						
Santanu Som, DO c/o Edward Hopkins 1225 Frankline Ave Garden City, NY 11530	-					Unknown
Sheet no. <u>61</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						16,922.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Sourcemark 100 Winners Circle Brentwood, TN 37027	-					1,676.16
Account No.						
Specialty Surgical Instrumentation P.O. Box 759159 Baltimore, MD 21275	-					1,233.72
Account No.						
SSI Group, Inc 4721 Morrison Dr Mobile, AL 36609	-		X	X	X	Unknown
Account No.						
Starr Anesthesia 29 Colony Dr Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Billy Jody Starr,CRNA 29 Colony Dr Natchez, MS 39120	-		X	X	X	Unknown
Sheet no. <u>62</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,909.88

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Stephens & Hoboy Ins 601-B Main Street Natchez, MS 39120	-					Unknown
Account No.						
Mr. Lionel Stepter 107 Woodville Dr Natchez, MS 39120	-					450.00
Account No.						
Stericycle Inc P.O. Box 6575 Carol Stream, IL 60197	-					3,090.00
Account No.		Foundation AP				
Stericycle, Inc. P.O. Box 6575 Carol Stream, IL 60197	-					4,902.13
Account No.						
Sterigen P.O. Box 11407 Birmingham, AL 35246	-		X	X	X	Unknown
Sheet no. 63 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						8,442.13

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Stuart C Irby Co P.O. Box 741001 Atlanta, GA 30384	-					772.78
Account No.						
Kenneth Stubbs, MD 46 Seargent Prentiss Suite 300 Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Kenneth Stubbs, MD 46 Sgt S Prentiss Dr Suite 300 Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Swan Creek Candle Co P. O. Box 239 Swanton, OH 43558	-					571.89
Account No.						
System One Medical Co 7509 Yardley Way Tampa, FL 33647	-					208.39
Sheet no. <u>65</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,553.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
T System Inc P.O. Box 122537 Dallas, TX 75312	-					2,532.36
Account No.						
T System Inc 4020 McEwen Dr Suite 200 Dallas, TX 75244	-		X	X	X	Unknown
Account No.						
T&E Enterprises P.O. Box 157 Natchez, MS 39120	-					3,915.82
Account No.		Foundation AP				
T&E Enterprises P.O. Box 157 Natchez, MS 39120	-					592.66
Account No.						
Teleflex Medical Inc P.O. Box 601608 Charlotte, NC 28260	-					153.10
Sheet no. 66 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						7,193.94

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Teleinterpreters P.O. Box 202572 Dallas, TX 75320	-					313.85
Account No.						
Telemedx 14504 North Freeway Houston, TX 77090	-		X	X	X	Unknown
Account No.						
Terry-Trane Svc Agcy P.O. Box 1557 Ridgeland, MS 39158	-					634.00
Account No.						
The File Depot P.O. Box 1165 Natchez, MS 39121	-					663.95
Account No.						
The Guillon Group P.O. Box 1103 Natchez, MS 39120	-					4,262.00
Sheet no. <u>67</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,873.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Thompson Reuters (Healthcare) Inc 107 Church St,S700 Evanston, IL 60201	-		X	X	X	Unknown
Account No.						
Thorpe Sheet Metal 15 Tuccio Lane Natchez, MS 39120	-					7,863.00
Account No.						
Thorpe Sheet Metal 15 Tuccio Lane Natchez, MS 39120	-					7,863.00
Account No.						
Thyssenkrupp Elevator 5267 Greenway Dr. Jackson, MS 39204	-					5,496.52
Account No.						
Barry Tillman, MD 314 North Rankin St Natchez, MS 39120	-		X	X	X	Unknown
Sheet no. <u>69</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						21,222.52

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Toshiba Business Solutions P.O. Box 1217 Columbus, MS 39705	-					4,901.51
Account No.						
Total Scope, Inc 17 Creek Parkway Boothwyn, PA 19061	-					1,195.00
Account No.						
Tri-Anim Healthcare Svcs Inc 25197 Network Pl Chicago, IL 60673	-					3,911.55
Account No.						
Trimed P.O. Box 55189 Valencia, CA 91385	-					6,326.00
Account No.						
Susan&Robert Trujillo c/o Keith P Richards 6513 Perkins Rd Baton Rouge, LA 70808	-		X	X	X	Unknown
Sheet no. 70 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						16,334.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. United Parcel Service Lockbox 577 Carol Stream, IL 60132	-					1,473.99
Account No. Universal Imports LLC 2512 Holiday Dr Gautier, MS 39553	-					382.67
Account No. University Hospital Sv P.O. Box 86 Minneapolis, MN 55486	-					7,199.26
Account No. Valley Food P.O. Box 5454 Pearl, MS 39288	-		X	X	X	Unknown
Account No. Valley Service, Inc. P.O. Box 5454 Jackson, MS 39288	-					446,333.92
Sheet no. <u>72</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						455,389.84

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Verathon Medical 20001 North Creek Pkwy Bothell, WA 98011	-					4,923.62
Account No.						
Matthew Verucchi, MD 46 Sgt S Prentiss Dr Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Vida Care Corp P.O. Box 122474 Dallas, TX 75312	-					588.01
Account No.						
Vidistar P.O. Box 8539 Greenville, SC 29604	-					6,000.00
Account No.						
Vidistar, LLC P.O. Box 8539 Greenville, SC 29604	-		X	X	X	Unknown
Sheet no. 73 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						11,511.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Virtual Radiologic Cor 11995 Singletree Lane #500 Eden Prairie, MN 55344	-		X	X	X	Unknown
Account No.						
Vital Signs P.O. Box 402431 Atlanta, GA 30384	-					227.10
Account No.						
Latoya Walker, MD 107 Duster Dr Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Angie Waller, CFNP 39 Low Water Bridge Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Walmart Community P.O. Box 530934 Atlanta, GA 30353	-					228.25
Sheet no. 74 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						455.35

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Wayne's Lock & Key P.O. Box 17701 Natchez, MS 39122	-					676.00
Account No.						
Werfen USA LLC P.O. Box 347934 Pittsburgh, PA 15251	-					8,913.40
Account No.						
Westport Linen Svc 510 Kornmeyer Plaza Dr Baton Rouge, LA 70806	-					5,656.74
Account No.						
Westport Linen, Inc 510 Kornmeyer Plaza Baton Rouge, LA 70806	-		X	X	X	Unknown
Account No.						
William Hathcox, LLC 283 Ogden Rd Natchez, MS 39120	-					2,374.00
Sheet no. 75 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						17,620.14

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Lisa Wilson, CRNA 121 Kaiser Lake Rd Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Winthrop Resources Corp P.O. Box 650 Hopkins, MN 55343	-					38,547.20
Account No.						
Scott Wolfe, MD 46 Sgt. S Prentiss Dr. 2nd Floor Natchez, MS 39120	-		X	X	X	Unknown
Account No.						
Wolters Kluwer Health 77 Westport Plaza Dr Ste 450 Saint Louis, MO 63146	-					9,262.50
Account No.						
Worldpoint Ecc Inc 6388 Eagle Way Chicago, IL 60678	-					360.00
Sheet no. 76 of 77 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						48,169.70

B6F (Official Form 6F) (12/07) - Cont.

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Foundation AP				
Xerox P.O. Box 802555 Chicago, IL 60680	-					1,250.69
Account No.						
Yellow Pages P.O. Box 5010 Carol Stream, IL 60197	-					3,200.00
Account No.						
Young's Inc. P.O. Box 145 Dundee, MI 48131	-					165.00
Account No.						
Zimmer US Inc P.O. Box 277530 Atlanta, GA 30384	-					22,049.00
Account No.						
Sheet no. <u>77</u> of <u>77</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						26,664.69
						Total (Report on Summary of Schedules)
						4,271,695.81

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Alliance Imaging, Inc. 100 Bayview Circle Suite 400 Newport Beach, CA 92660	Service Contract 7/1/2008- 3 years, automatic renewal for 3 year terms
AMR-Am Med Resp 158 John Pitchford Pwy Natchez, MS 39120	Preferred Supplier Contract 2/2/52012-Autorenewal
Jeffrey Anderson, DO 300 Highland Blvd Suite C Natchez, MS 39120	Physician Service Agreement 6/3/13
Jeffrey Anderson, DO 300 Highland Blvd Suite C Natchez, MS 39120	Physician Service Agreement 1/1/10-Autorenewal
Avatar International 1000 Primera Blvd Ste 3144 Lake Mary, FL 32746	Service Agreement 10/18/06-10/18/09
Avatar International 1000 Primera Blvd Ste 3144 Lake Mary, FL 32746	Agreement Addendum 10/1/2012-9/30/2014
BCI-Business Comm 442 Highland Colony Ridgeland, MS 39157	Service Agreement 9/25/2013
Camellia Hospice of Southwest Mississippi 620 Delaware Ave McComb, MS 39648	Service Contract 8/1/2010-1 year, automatic renewal for 1 year terms
Compassionate Care 113 Jefferson Davis Blvd, Ste A Natchez, MS 39120	Services Agreement 6/18/2012-autorenewal
Computer Credit 640 West 4th St Winston Salem, NC 27101	Service-Business Office 11/16/11

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
William Cook, MD Highland Village I-55 North, Ste 207 Jackson, MS 39211	Physician Service Agreement 11/18/2013-11/18/2014
CRAssociates 8580 Cinderbed Rd Ste 2400 Newington, VA 22122	Clinical Services 5/1/11
Tyer Crisp, D.O. 401 Shoreside Dr. Lexington, KY 40515	Physician Employment 1/29/2013-5 years, additional year term upon mutually agreed terms
Crown Health & Rehab of Natchez, LLC 344 Arlington Ave Natchez, MS 39120	Service Contract 4/15/2010-1 year, automatic renewal for 1 year terms
Deaconess Home Health 108 Lundy Lane Hattiesburg, MS 39401	Hospice Agreement 12/9/2013-autorenewal
Doctors First P.O. Box 347439 Pittsburgh, PA 15251	Service Agreement 9/30/2011-9/30/2014
Doctors Hospital of Augusta 3675 J Dewey Gray Cir Augusta, GA 30909	Transfer Agreement 2/11/2009-2/11/2012
Vikram Dulam, MD 140 Jefferson Davis Bldv Natchez, MS 39120	Third Party Medical Services 6/1/2010-1 year, automatic renewal for 1 year terms
Vikram Dulam, MD 140 Jefferson Davis Bldv Natchez, MS 39120	Service Agreement
Jack Dunn, MD 404 North 21st Ave Hattiesburg, MS 39401	Medical Direction Agreement 1/30/2012-5 years, automatically renewing for 2 year terms
Joseph Edison, MD 207 Fox Cross Road Spartanburg, SC 29301	Agreement 11/1/12-11/1/17

In re Natchez Regional Medical Center

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Field Memorial Transfer Agreement P.O. Box 639 Centreville, MS 39631	Clinical Transfer Agreement 8/24/12
Josh Foster, CRNA 500 Avalon Way, 1214 Brandon, MS 39047	CRNA Service Agreement 9/28/11
Fresenius Medical Care RCG 550 Metroplex Dr Nashville, TN 37241	Clinical Services 3/31/2011-3/31/2012
Fresenius Medical Care 1st Amendment 550 Metroplex Dr Nashville, TN 37241	Clinical Service 2/21/2011
General Electric 20225 Water Tower Blvd Brookfield, WI 53045	Lease Agreement 4/23/13
Susan Granning, MD 105 St. S Prentiss Dr Natchez, MS 39120	Service Agreement 9/1/11-autorenewal
Genna Guedon 2394 Guedon Rd Natchez, MS 39120	RN Employment 7/8/2013-3 years, additional year term upon mutually agreed terms
Karl Hubbard, MD 125 Lower Woodville Rd Apt F142 Natchez, MS 39120	Medical Direction Agreement 4/21/2013-3 years, additional year term upon mutually agreed terms
Hubcare Pathology, PA 5052 W. Fourth St Hattiesburg, MS 39402	Service Contract 6/30/2009-1 year, automatic renewal for 1 year terms
Hubcare Pathology, PA 5052 W. Fourth St Hattiesburg, MS 39402	Lease Agreement 3/1/2010-No termination specified. May terminate at 30 days notice
Intuitive-daVinci/ DeLage Landen 1111 Old Eagle School Wayne, PA 19087	Purchase Agreement 6/8/12-6/8/2017
IQH 385 B Highland Colony Pkwy, Suite 504 Ridgeland, MS 39157	Memorandum of Agreement 10/28/02-Autorenewal

In re Natchez Regional Medical Center

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Jefferson Co Hospital P.O. Box 577 Fayette, MS 39069	Service Agreement 9/19/13
Keystone Medical Svc of MS, Inc 6075 Poplar Ave,S-727 Memphis, TN 38119	Service Contract 11/1/2011-39 months, automatically renewing for 12 month terms
Hendrik Klaus Kuiper, MD 305 High Street Natchez, MS 39120	Physician Employment 5/12/2011-3 years, additional year term upon mutually agreed terms
Hendrik Klaus Kuiper, MD 305 High Street Natchez, MS 39120	Third Party Medical Services 4/1/2010-1 year, renewed upon mutually agreed terms
LabCorp P.O. Box 12140 Burlington, NC 27216	Service Agreement 7/9/03-Autorenewal
Laboratory Corp of America Holdings P.O. Box 12140 Burlington, NC 27216	Service Contract 5/12/2010-Present
Lefoldt & Associate 119 Glenwood BND Madison, MS 39110	Service Contract for Preparation of Cost Report
Beverly Love, MD 210 Auburn Ave Natchez, MS 39120	Physician Employment 1/17/2012-3 years, additional year term upon mutually agreed terms
Magnolia Service Group 39059 Hwy 621 Suite F Gonzales, LA 70737	Service Contract 2/13/2008-1 year, automatic renewal for 1 year term
Magnolia Service Group 39059 Hwy 621 Ste F Gonzales, LA 70737	Agreement 1/4/10-11/1/2012
Christopher Martin 810 Joseph St New Orleans, LA 70115	Agreement 10/1/13-10/1/18
Daniel McCallum, MD 200 Dana Rd Natchez, MS 39120	Physician Employment 7/1/2012-3 years, additional year term upon mutually agreed terms

In re Natchez Regional Medical Center

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Jerry McDaniel, CRNA 1646 Centreville Rd Centreville, MS 39631	CRNA Service Agreement 9/1/11
MD Properties, LLC 613 Crescent Cir, S200 Ridgeland, MS 39157	Agreement 1/26/13-3/31/18
MD Properties, LIC/ CP1 613 Crescent Cir, S-200 Ridgeland, MS 39157	Lease 6/30/11-6/30-2016
Metro Ambulance Svc DBA Am Medical Respons 12020 Intraplex Pkwy Gulfport, MS 39503	Service Contract 4/11/2012-1 year, automatic renewal for 1 year terms
Mitzi Ferguson, MD and Rebecca Junkin P.O. Box 1411 Natchez, MS 39120	Lease Agreement 1/26/2013-1 year, automatic renewal for 1 year terms
MORA 4400 Lakeland Dr Flowood, MS 39232	Agreement 6/18/12-autorenewal
MRI of Miss Lou 3114 Lake St Lake Charles, LA 70601	Service Agreement 1/21/06-mtn
MSDH Breast & Cervical Cancer Program P.O. Box 1700 Jackson, MS 39215	Service Agreement 6/1/12-autorenewal
MSDOH Breast & Cervical Cancer P.O. Box 1700 Jackson, MS 39215	Service Agreement 7/1/12-6/30/14
MSL Healthcare Consulting, Inc 229 Whitney Dr Barrington, IL 60010	Consultant Service Agreement 6/1/13-5/31/14
Natchez Community Hosp 129 Jefferson Davis Blvd Natchez, MS 39120	Transfer Agreement 12/1/12-autorenewal

In re Natchez Regional Medical Center

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Omniceil 1201 Charleston Rd Mountain View, CA 94043	Equipment Lease 4/10/12
Open Air of MS-LOU 3114 Lake Street Lake Charles, LA 70601	Lease Agreement 1/24/2011-3 years, renewed upon mutually agreed terms
J C Passman, MD 46 Sgt Prentiss Dr Suite 103 Natchez, MS 39120	Physician Employment 7/1/2009-3 years renewed upon mutually agreed terms
Arthur Person, CRNA 153 Dunbar Rd Natchez, MS 39120	CRNA Service Agreement 7/10/12-7/10/13
Pharmcy One Source 3535 Factoria Blvd SE Bellevue, WA 98005	Product agreement-Pharmacy 8/8/12-Yearly renewal
Calvin Poole, MD 6606 W Homochitto Rd Gloster, MS 39638	Medical Direction Agreement 11/12/2011-5 years, automatically renewing for 1 year terms
Precision Radiology 201 W. Vermillion Suite 200 Lafayette, LA 70501	Service Contract 9/17/2012-1 year, 6 months, automatically continuing on a month to month basis
Prime Care Nursing P.O. Box 852 Greenville, MS 38702	Clinical Staffing 8/31/11
Promise Hospital 209 Front St Vidalia, LA 71373	Purchase Service Agreement 10/1/12-autorenewal
Promise Lease Agmt 209 Front St Vidalia, LA 71373	Lease 5/25/11-autorenewal
Promise Transfer Agmt 209 Front St Vidalia, LA 71373	Clinical Transfer Agreement 8/18/11
RCG Mississippi, Inc 550 Metroplex Dr Nashville, TN 37241	Service Contract 1/16/2012 Peritonel Dialysis

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Rehab Care f/d/b/a TherEX, Inc 341 Cool Springs Blvd Franklin, TN 37067	Service Contract 7/15/2013 - 3 years, automatic renewal for 3 year terms
Donald R Rentfro 100 North Temple Natchez, MS 39120	Senior Management 11/1/2013 3 years
Restated 6075 Poplar Ave S 727 Memphis, TN 38119	Clinical Services-ED Physicians 11/1/11
Riverview Anesthesia PLLC 121 Kaiser Lake Rd Natchez, MS 39120	Third Party Medical Services 7/30/2012-1 year, renewed upon mutually agreed terms
Alfredo Rodriguez 3351 Lakeland Dr #B Suite 1040 Flowood, MS 39232	Physician Service Agreement 10/14/13-autorenewal
SG-2 5250 Old Orchard Rd Skokie, IL 60077	Consulting Agreement 9/1/13-9/1/14
SimplexGrinnell 181 Davis Johnson Dr Ste C Richland, MS 39218	Service-Facilities 4/21/11-2/28/2016
SSI Group, Inc 4721 Morrison Dr Mobile, AL 36609	Service-Business Office 11/16/11
Starr Anesthesia 29 Colony Dr Natchez, MS 39120	Third Party Medical Services 7/16/2012-1 year, renewed upon mutually agreed terms
Billy Jody Starr,CRNA 29 Colony Dr Natchez, MS 39120	CRNA Service Agreement 7/16/12-7/16/13
Sterigen P.O. Box 11407 Birmingham, AL 35246	Service-EVS 6/13/11-6/13/2014
Kenneth Stubbs, MD 46 Seargent Prentiss Suite 300 Natchez, MS 39120	Third Party Medical Services 7/1/2009-1 year, automatic renewal for 1 years term

In re Natchez Regional Medical Center

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Kenneth Stubbs, MD 46 Seargent Prentiss Suite 300 Natchez, MS 39120	Physician Service Agreement 11/23/11-autorenewal
T System Inc 4020 McEwen Dr Suite 200 Dallas, TX 75244	Service Agreement 1/24/14-1/24/15
Telemedx 14504 North Freeway Houston, TX 77090	Service Contract 1/29/2010-1 year, automatic renewal for 1 year terms
Thompson Reuters (Healthcare) Inc 107 Church St,S700 Evanston, IL 60201	Subscription Agreement 6/29/11-6/29/2014
Barry Tillman, MD 314 North Rankin St Natchez, MS 39120	Medical Direction Agreement and Physician Agreement 2/1/2012-1 year renewing annually for an additional year
United Blood Services Regional 1503 Bertrand Dr Lafayette, LA 70506	Service Contract 8/1/2013-3 years, automatically continuing on a month to month basis
Valley Food P.O. Box 5454 Pearl, MS 39288	Service Agreement 10/29/11-10/28/16
Matthew Verucchi, MD 46 Sgt S Prentiss Dr Natchez, MS 39120	Service Agreement 10/1/13-10/1/14
Vidistar, LLC P.O. Box 8539 Greenville, SC 29604	Service Agreement 5/9/13-10/9/14
Virtual Radiologic Cor 11995 Singletree Lane #500 Eden Prairie, MN 55344	Service Contract 7/5/2011-Until Terminated
Latoya Walker, MD 107 Duster Dr Natchez, MS 39120	Physician Employment 1/11/2011-5 years, renewed upon mutually agreed terms
Angie Waller, CFNP 39 Low Water Bridge Natchez, MS 39120	Nurse Practitioner Employment 10/23/2012-2 years, automatic renewal for 1 year terms

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Westport Linen, Inc 510 Kornmeyer Plaza Baton Rouge, LA 70806	Service Agreement 5/22/04-Contract
Lisa Wilson, CRNA 121 Kaiser Lake Rd Natchez, MS 39120	Service Agreement 7/30/12-7/30-13
Scott Wolfe, MD 46 Sgt. S Prentiss Dr. 2nd Floor Natchez, MS 39120	Medical Direction Agreement 5/17/2012-1 year, automatic renewal for 1 year terms
Scott Wolfe, MD 46 Sgt. S Prentiss Dr. 2nd Floor Natchez, MS 39120	Physician Employment 12/1/2012- 6 months, then continuing on a month to month basis

B6H (Official Form 6H) (12/07)

In re **Natchez Regional Medical Center**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Adams Cty Supervisors P.O. Box 1008 Natchez, MS 39121	MS Development Bank 735 Riverside Drive Suite 300 Jackson, MS 39202

0

____ continuation sheets attached to Schedule of Codebtors

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Southern District of Mississippi

In re **Natchez Regional Medical Center**

Debtor(s)

Case No. _____

Chapter

9

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Hospital CEO of the County Hospital named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **99** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 26, 2014**Signature **/s/ Donny Rentfro****Donny Rentfro****Hospital CEO**

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Southern District of Mississippi

In re Natchez Regional Medical Center

Debtor(s)

Case No.

Chapter

9

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$-1,071,915.00
\$1,296,532.00

SOURCE
2012
2013

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

2**3. Payments to creditors**

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITORDATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT STILL
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBERNATURE OF
PROCEEDINGCOURT OR AGENCY
AND LOCATIONSTATUS OR
DISPOSITION

**Kathryn Elaine Curry Johnson, Individually,
As Testamentar Executrix of the Succession
of Alena JoAnn Myers and for and on Behalf
of Other Wrongful Death Beneficiaries of
Alena Joann Myers**

**In the Circuit Court of Adams County,
Mississippi**

Pending

**VS.
Natchez Regional Medical Center
and John Does 1-10
Civil Action No. 12-KV-0047-J**

**Tim Martin and wife,
Kristie Martin**

**In the Circuit Court of Adams County,
Mississippi**

Pending

**v.
Natchez Regional Medical Center;
Arthur Levy, M.D.; Vikram Maditya Dulam, M.D.;
Jeffrey R. Anderson, D.O.; and John and Jane
Does
"1" through "10"**

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

CAPTION OF SUIT
AND CASE NUMBER**Margaret Knight****vs.****Dr. Beverly Love, Natchez Medical
Foundation, inc. and John Does 1-10
Cause No. 13-KV-0005-J**NATURE OF
PROCEEDINGCOURT OR AGENCY
AND LOCATION**In the Circuit Court of Adams County,
Mississippi**STATUS OR
DISPOSITION**Pending****Mattie Louise Butler****v****Natchez Regional Medical Center****Closed****6/12/2013****Melita Pickett****vs****Natchez Regional Medical Center****Dismissed****7/1/2013****Santanu Som, D.O.****vs.****The Board of Trustees of the Natchez Regional
Medical Center et al
Case No. 5:14-ev-00008-DCB-MTP****Pending****Mykees Norris****v.****Natchez Regional Medical Center
Latoya Walker, M.D. and
Natchez Medical Foundation****Notice of claim****Pending****Kenidi Peyton Flowers****Notice of Claim****Pending****Susan V Trujillo and****Robert Trujillo****v****Natchez Regional Medical Center,
Natchez Medical Foundation, and
Natchez Medical Foundation-OBGYN****Notice of Claim****Pending**

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY**5. Repossessions, foreclosures and returns**

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)NAME AND ADDRESS OF
CREDITOR OR SELLERDATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURNDESCRIPTION AND VALUE OF
PROPERTY**6. Assignments and receiverships**

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Eileen N Shaffer		\$7,300.30

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None

- ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None

- ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None

- ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None

- ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Various Patients	Miscellaneous patient valuables while admitted	Valuables Safe
Misc Vendors	Consignment goods held in normal course of business	Materials Management Department, Operating Room

15. Prior address of debtor

None

- ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None

- ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Natchez Regional	64-6011830	Med. Center 54 Seargent Prentiss D Natchez, MS 39120	Hospital	1960-Present

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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

■

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

Charles Mock, CFO

DATES SERVICES RENDERED

2012-Present

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**Horne CPA's & Business
Advisors**

ADDRESS

**1020 Highland Colony Pkwy
Suite 400
Ridgeland, MS 39157**

DATES SERVICES RENDERED

Financials 2010-2013

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

Charles Mock, CFO

ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

UMB

DATE ISSUED

Bond Trustee**MS Development Bank**

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

9/30/2013

INVENTORY SUPERVISOR

Charles Mock, CFO

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

Cost basis \$691,936.00

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None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY
9/30/2013

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS
Charles Mock, CFO

21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
None <input type="checkbox"/>	b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.	

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date **March 26, 2014**

Signature **/s/ Donny Rentfro**
Donny Rentfro
Hospital CEO

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Southern District of Mississippi**

In re **Natchez Regional Medical Center**

Debtor(s)

Case No.

Chapter

9

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>0.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **0.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **March 26, 2014****/s/ EILEEN N. SHAFFER****EILEEN N. SHAFFER****ATTORNEY AT LAW****P O BOX 1177****JACKSON, MS 39215-1177****(601) 969-3006 Fax: (601) 949-4002**

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI - WESTERN DIVISION

In re: Natchez Regional Medical Center
Debtor

Case No. _____

Chapter No. 9

COMPENSATION STATEMENT OF ATTORNEY FOR THE DEBTOR(S)

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation promised the undersigned from the debtor(s) for services rendered or to be rendered in connection with this case includes a retainer in the amount of \$ 15,000.00 to be billed against at \$200.00 per hour, plus compensation for additional services and expenses as necessary; the only compensation which has been received from the debtor(s) or any other person on said account is approximately \$ N/A; and the source of compensation paid or promised, if a source other than the debtor(s), is: NONE.
3. The undersigned further states that no understanding or agreement exists for a division of fees or compensation between the undersigned and any other person or entity, except any agreement he may have for the sharing of his compensation with a member or members or regular associate of his law firm and except:

/s/ Eileen N. Shaffer

 Attorney for Debtor(s):
 EILEEN N. SHAFFER
 P O BOX 1177
 JACKSON MS 39215-1177
 (601) 969-3006

*[Required by Rule 2016(b) to be filed and transmitted to the United States Trustee within 15 days after the order for relief.
 (Not to be filed in lieu of an Application for Compensation which may be filed pursuant to Bankruptcy Rule 2016.)]*

COMPENSATION STATEMENT OF ATTORNEY FOR THE DEBTOR(S)